(ग) यदि हां, तो आयुर्वेदिक चिकित्सा पद्धति को प्रोत्साहन देने संबंधी दिल्ली प्रशासन के स्वीकृत लक्ष्य और इस पद्धति में जनता द्वारा प्रदर्शित रूचि को देखते हुए क्या सरकार दिल्ली में एक और आयुर्वेदिक कालेज खोलने का विचार रखती है और यदि हां, तो कब तक?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारा देवी सिद्धार्थ): (क) दिल्ली प्रशासन द्वारा केवल एक आयुर्वेदिक कालेज चलाया जा रहा है जिसमें यूनानी की भी शिक्षा दी जाती है। इसका नाम आयुर्वेद और यूनानी तिब्बिया कालेज है। यह दिल्ली प्रशासन के शत प्रतिशत अनुदान से कार्य कर रहा है। इसमें यूनानी और आयुर्वेदिक चिकित्सा पद्धतियों के लिए 31-31 सीटें हैं।

(ख) दिल्ली की विभिन्न कालेजों में यूनानी, आयुर्वेदिक और होमियोपैथिक चिकित्सा पद्धतियों की सीटों की संख्या इस प्रकार है:

	आयुर्वेदिक	यूनानी	होम्योपैथिक
आयुर्वेद और युनानी तिब्बिया कालेज (दिल्ली प्रशासन के अधीन सांविधिक निकाय)	31	31	—
नेहरू होमियोपैथिक मेडिकल कालेज (सरकारी कालेज)	—	—	50
बी० आर० सूर कालेज (प्राइवेट)	—	—	40
हमदर्द तिब्बी कालेज (जामियामिलिया) (प्राईवेट)	—	50	—
कुलः	31	81	50

(ग) दिल्ली प्रशासन का इस समय कोई नया आयुर्वेदिक कालेज खोलने का प्रस्ताव नहीं है।

Autonomous States to Jipmer

2068. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to grant autonomous status to Jawaharlal Institute for Post Medical Education and Research Medical Institute in Pondicharry; and

(b) if so, by when the said proposal is likely to be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA):
(a) and (b) Yes, Sir. It has been agreed in principle to grant autonomous status to Jawaharlal Institute of Post graduate Medical Education and Research, Pondicherry. Detailed modalities in their behalf are being worked out.

Opening of AIDS Centre

2069. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the annual financial assistance received from WHO for AIDS Care Centres in various States in the country;

(b) the State Governments that have failed to open the AIDS Centres so far;

(c) the manner in which the amount of WHO assistance has been utilised by these State Governments; and

(d) what is Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K THARA DEVI SIDDHARTHA): (a) and (b) The Government has not received any financial assistance from WHO for opening AIDS Care Centres in various states.

(c) and (d) To date, WHO has provided assistance of US $121,1546 to State Governments of Maharashtra, Manipur, Tamil Nadu and West Bengal for carrying out AIDS Control activities

under medium term plan. The details of assistance provided by WHO to the above mentioned state governments are as follows:

Maharashtra	— US $ 455,914
Manipur	— US $ 62,856
Tamil Nadu	— US $ 303,764
West Bengal	— US $ 389,012
TOTAL:	US $ 1211,546

Legislation to check the increase of Aids in the Country

2070. SHRI SURENDRA SINGH THAKUR: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that AIDS is on the increase in different parts of the country in an alarming proportion;

(b) if so, what are the details of AIDS cases detected in the country, city-wise;

(c) what steps are being taken by Government to check the increase of AIDS as an epidemic in the country?

(d) whether there is any proposal under Government's consideration to bring a legislation for setting up norms and directives to provide a check on the growth of AIDS in cities/towns with a population of one lakh or more; and

(e) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) There has been an increase in the number of AIDS cases reported in the country. This rise has partly been due to the expansion of the network of surveillance centres and intensive screening of persons practising 'At risk behavior'.

As on 1st February, 1992, 104 full blown AIDS cases have been detected in the country. Citywise break is given in the statement enclosed. *(See* below).

(c) To prevent the spread of AIDS in the country, National AIDS control programme is being implemented which has three major components *viz.* Surveillance, Health and Community Education and ensuring Safety of Blood and Blood Products.

Surveillance

67 Surveillance centres and 4 referral centres had been established in different parts of the country with specific objective of screening persons belonging to high risk groups.

Health and Community Education

Health Education activities have been intensified to increase awareness among general public, youth and also students of schools and colleges.

Safety of blood and blood products

Testing of blood donors for HIV infection by all the surveillance centres and Zonal blood testing centres, is being carried out.

For clinical management of AIDS cases, facilities have been developed at 13 medical colleges of the country.

(d) and (e) The Government had earlier introduced in Rajya Sabha, the AIDS Prevention Bill, 1989. However there are several controversial issues related to the policy and legislation pertaining to the AIDS prevention Bill, 1989. The first major issue is the policy to be adopted with regard to regulating prostitution. The second issue is how to ensure confidentiality. There is also the question of whether any penalty should be incorporated. Providing for penalty may be counter-productive if patients preferring anonymity refuse to seek medical attention. In the light of the foregoing, a legislation is not considered necessary for preventing and controlling HIV Infection. It was, therefore decided to withdraw the legislation.

Statement

City wise breakup of AIDS Cases

1.	MAHARASHTRA	
	i. Bombay	37
	ii. Jalgaon	1
	iii. Nasik	1
	iv. Pune	1
	v. Aurangabad	1
	vi. Thane	5
	Foreigners	8
2.	DELHI	115
3.	TAMTLNADU	
	i. Madurai	2
	ii. Madras	7
4.	HARYANA	
	Rohtak	1
5.	PONDICHERRY	3
6.	WEST BENGAL	
	Calcutta	1
7.	PUNJAB	
	i. Jalandar	5
	ii. Ludhiana	5